

BLOG CARNIVAL ROUNDUP:

Posts Promoting CMS Oral Health Materials
and Dental Coverage in Medicaid/CHIP

March 16-20, 2015

1. [Altarum Institute](#)
2. [Campaign for Dental Health: American Academy of Pediatrics](#)
3. [Center for Health Care Strategies, Inc.](#)
4. [Centers for Medicare and Medicaid Services](#)
5. [Children's Dental Health Project](#)
6. [Children Now](#)
7. [Connecticut Health Foundation](#)
8. [DentaQuest](#)
9. [Kentucky Oral Health Coalition](#)
10. [North Carolina Foundation for Advanced Health Programs](#)
11. [OACHC: Ohio Association of Community Health Centers](#)
12. [Oral Health America](#)
13. [Oral Health Florida](#)
14. [Rhode Island TeethFirst! Coalition](#)
15. [SaludToday](#)
16. [Shriver National Center on Poverty Law](#)
17. [The Children's Partnership](#)
18. [Virginia Oral Health Coalition](#)
19. [Wisconsin Oral Health Coalition](#)
20. [Wyoming Department of Health: Kid Care CHIP](#)

Rhode Island TeethFirst! Coalition



Kids' Oral Health: Parents Can Make a Difference

Mon, 03/16/2015 - 11:56am — TeethFirst

Guest blog posting from [The Children's Dental Health Project](#):

"To ensure children's overall health, we'll have to start with the place where the [most common](#) chronic childhood disease lives: the mouth. The Centers for Medicare & Medicaid Services (CMS) have created two free-to-order handouts for parents can help them protect their children's oral health "Think Teeth" handouts for parents — one that focuses on oral health tips for young children and another with tips for kids of all ages. [Click here](#) to see!

Tooth decay is the most common chronic disease of early childhood — 5 times more common than asthma. Nearly one-quarter of preschool-age children have [experienced](#) tooth decay, and 50% of kids have had at least one cavity by the time they reach adolescence. Given these facts, the CMS handouts should come in handy for dental clinics, community health centers, and children's advocates.

Dental health in children is vital, especially when research points to long-term, pervasive ways tooth decay can impact a child's life. Children with poor oral health were nearly 3 times more likely to miss school, according to a North Carolina [study](#). Children who reported recent toothaches were 4 times [more likely](#) to earn a lower grade-point average than peers reporting no dental pain. Overall, tooth decay can negatively impact a child's physical and social development.

Luckily, the most common chronic childhood disease is also the most preventable. We have identified many cost-effective ways to reduce tooth decay. The [cost](#) of applying a decay-preventing dental sealant to a child's permanent teeth is much less than the cost of filling a cavity. In addition, for most cities, every \$1 spent on water fluoridation [saves \\$38](#) in dental costs.

Parents have a key role to play. If you, or your organization works with families, share [these materials](#) to emphasize why it's important for parents to 'think teeth.' "

And don't forget to see our very own free TeethFirst! materials [here](#)!

Oral Health Florida

Monday, March 16, 2015

THINK TEETH! Oral Health Is Important in Early Childhood.

Tooth decay remains one of the most common chronic diseases of childhood – and, it can be prevented! Tooth decay is caused by bacteria interacting with sugars in the mouth. The bacteria can be passed from mother to baby when, for example, they share spoons or cups. Take children to the dentist by their first birthday and then schedule regular dental check-ups throughout childhood.

Tooth decay can cause children significant pain, loss of school days and can lead to other infections. Dental disease can result in difficulty eating and speaking, and can interfere with physical and social development and school performance. Good oral health practices at home and regular dental check-ups help children to have healthy teeth right from the start.

If your child doesn't have dental insurance, he or she may qualify for free or low-cost coverage through Medicaid and the Children's Health Insurance Program (CHIP). Medicaid and CHIP cover children's dental services, such as teeth cleanings, check-ups, x-rays, fluoride, dental sealants and fillings. A family of four with income up to \$47,700 or more may qualify for free or low-cost health insurance through Medicaid or CHIP.

Through Florida KidCare, the state of Florida offers health insurance for children from birth through age 18, even if one or both parents are working. To learn more call 1-888-540-5437 or visit <http://floridakidcare.org/>. For more information about new, affordable health insurance options for the whole family through the Health Insurance Marketplace, visit <https://www.healthcare.gov/>

Shriver National Center on Poverty Law



[Home](#) > [Health Care Justice](#) > [Congress Must Act to Extend Funding for the CHIP Program](#)

Congress Must Act to Extend Funding for the CHIP Program

POSTED ON MARCH 16, 2015 BY ANDREA KOVACH

More than **174,000** Illinois children could lose their current health coverage if Congress does not act now to extend funding for the Children's Health Insurance Program (CHIP).

In Illinois, CHIP federal dollars provide significant support to the All Kids program, which gives low-income children access to comprehensive health coverage, including **screening, prevention, medically necessary diagnostic and treatment services, and vision, mental health, and hearing services**. Federal CHIP dollars also help sustain All Kids' **oral health** safety net, covering services such as teeth cleanings, check-ups, x-rays, and fluoride treatments.

CHIP has also helped Illinois emerge as a national leader of children's health coverage. In the past five years, Illinois has received **more than \$60 million in bonus payments** under CHIP—and Illinois is one of only nine states to receive bonus payments for five consecutive years. Federal CHIP funding has helped bring Illinois's children's coverage rate up to **more than 95 percent**, one of the highest rates in the country.

Without continued CHIP funding, Illinois would lose access to significant federal dollars—as much as **\$454 million** in 2016 alone—at a time when our **state has never been more budget-strapped**. And failing to meet children's health needs today prevents Illinois from reaping **the long-term social and economic benefits** associated with children's health coverage, including increased educational attainment and higher future earning potential.

Extending CHIP funding through 2019 would accomplish dual goals. It would limit disruptions in medical and oral health care for children currently enrolled in the CHIP-funded Illinois All Kids program. It would also provide our state with the stability it needs to effectively plan a budget. Congress needs to pass a four-year extension of CHIP funding that maintains the current elements of the program already in place.

- [Print](#)
- [Comments](#)
- [Trackbacks](#)
- [Share Link](#)

OACHC: Ohio Association of Community Health Centers



Monday, March 16, 2015 Oral Health Matters for Pregnant Women



The Importance of Oral Health: Pregnancy

During pregnancy, women have many things to think about, but it's also important for them to "think teeth." The health of a woman's teeth is actually linked to the health of her child. The Centers for Medicare & Medicaid Services (CMS) has an excellent, free-to-order flyer that can be used by dental clinics, community health centers, WIC clinics and other settings to educate women about protecting their teeth and gums.

Education is crucial because [four out of 10](#) pregnant women have tooth decay or some form of gum disease. That decay and disease can impact her child. Some studies have found an [association](#) between periodontal (gum) disease and pre-term or low-birth weight babies. In addition, women with poor dental health have the potential to transmit [cavity-causing bacteria](#) to their children. Doing so raises kids' risk of tooth decay.

Dental health for pregnant women is important, yet often overlooked. Some women mistakenly believe they should not receive dental care during pregnancy. Dentists may also believe that patient care should be delayed during pregnancy. In a [survey](#) of obstetricians and gynecologists, 77% said their patients had reported being declined dental services due to pregnancy.

However, this goes against strong evidence that dental care is safe — and recommended — during pregnancy. In 2013, the American Congress of Obstetricians and Gynecologists [issued recommendations](#) that "women should be counseled about the maintenance of good oral health as well as the safety and importance of oral health care during pregnancy."

Pregnant women in some states are eligible for free dental coverage through Medicaid or the Children's Health Insurance Program (CHIP). Children enrolled in Medicaid/CHIP are covered for dental services. The CMS flyer mentioned earlier can be ordered in large quantities for free. It offers tips for pregnant women's dental care, and it encourages them to see if they're eligible for Medicaid enrollment. Share the handout today to help educate pregnant women about oral health.

Blog post provided by: [Children's Dental Health Project](#)

Spread the word:

Twitter- use hashtag [#ThinkTeeth](#)

Materials- here are some [free educational materials](#)

Campaign for Dental Health: American Academy of Pediatrics

Oral Health Matters for Pregnant Women

Posted March 16, 2015 & filed under [Fluoride, Oral Health, and Access to Care](#)

Contributed by the [Children's Dental Health Project](#)

During pregnancy, women have many things to think about, but it's also important for them to "think teeth." The health of a woman's teeth is actually linked to the health of her child. The Centers for Medicare & Medicaid Services (CMS) has an excellent, free-to-order flyer that can be used by dental clinics, community health centers, WIC clinics and other settings to educate women about protecting their teeth and gums.

Education is crucial because [four out of 10](#) pregnant women have tooth decay or some form of gum disease. That decay and disease can impact her child. Some studies have found an [association](#) between periodontal (gum) disease and pre-term or low-birth weight babies. In addition, women with poor dental health have the potential to transmit [cavity-causing bacteria](#) to their children. Doing so raises kids' risk of tooth decay.

Dental health for pregnant women is important, yet often overlooked. Some women mistakenly believe they should not receive dental care during pregnancy. Dentists may also believe that patient care should be delayed during pregnancy. In a [survey](#) of obstetricians and gynecologists, 77% said their patients had reported being declined dental services due to pregnancy.

However, this goes against strong evidence that dental care is safe — and recommended — during pregnancy. In 2013, the American Congress of Obstetricians and Gynecologists [issued recommendations](#) that "women should be counseled about the maintenance of good oral health as well as the safety and importance of oral health care during pregnancy."

Pregnant women in some states are eligible for free dental coverage through Medicaid or the Children's Health Insurance Program (CHIP). Children enrolled in Medicaid/CHIP are covered for dental services.

The CMS flyer mentioned earlier can be ordered in large quantities for free. It offers tips for pregnant women's dental care, and it encourages them to see if they're eligible for Medicaid enrollment. Share the handout today to help educate pregnant women about oral health.



THINK TEETH

CHIP MATTERS FOR KIDS' ORAL HEALTH

[Print this page](#)



Congress is currently debating the extension of the very successful Children's Health Insurance Program (CHIP) that is set to expire in a number of months. CHIP is a [wise investment](#) that has helped deliver dental and medical care to millions of California children, but with [uncertainty](#) over the future of CHIP, so much is at risk – from the security of our state's budget ([over \\$500 million annually](#)) to the current and future health of our state's children.

Right now, CHIP and Medicaid in California (called Medi-Cal) serve over half of all California's children. Medi-Cal is an oral health safety net for over 5 million California children, covering services such as teeth cleanings, check-ups, x-rays, and fluoride treatments.

Some parents or caregivers might not realize their children are eligible or may not know how to enroll them. So, let's all do our part to make sure that our friends, family, and neighbors are able to connect their children to health coverage.

Parents and caregivers can apply online, by phone, by mail or in person, and there's no need to wait for an "open enrollment" period. [Eligibility](#) depends on each family's income and the number of people in the family, but a California child is eligible for Medi-Cal if the annual family income is below approximately \$53,000 for a family of three.

There are a number of resources available to share information about children's health coverage and oral health. For example, new "Think Teeth" [handouts for parents](#) have oral health tips tailored for young children and kids of all ages. In addition, families can:

- Learn more about or apply for Medi-Cal in your county by contacting your [local county office](#); dialing [2-1-1](#) on any telephone; or submitting an application for Medi-Cal and other services at <http://www.benefitscal.org>.
- Learn more about the Covered California marketplace by calling 1-800-300-1506 or visiting www.coveredca.com, since special enrollment is available for individuals who have experienced a qualifying life event, such as getting married or losing other health coverage.
- Find information about Medicaid and CHIP programs in all states by visiting [InsureKidsNow](#) or by calling 1-877-KIDS-NOW (1-877-543-7669).

But in order to make sure that Medi-Cal can best deliver dental and other health services to our children, Congress needs to act immediately to renew CHIP for four more years. Join [over 20 dental groups in support of CHIP](#) by reminding your member of Congress today about the urgent need to renew CHIP using this [easy online tool](#) so that all children have a chance for their dental and health needs to be met.

[Print this page](#)



BRINGING ORAL HEALTH CARE TO CHILDREN IN CALIFORNIA'S SCHOOLS

[California School-Based Health Alliance And Children Now](#)

If families are eligible for Medicaid or CHIP, it's important to get their children enrolled. But a critical step for California policy makers is to "think teeth" and ensure that programs are in place for children to access the preventive services they need once they are enrolled in health coverage.

School-based health centers (SBHCs) can and do provide oral health care. They reach the state's most vulnerable children who are most in need of oral health care by providing education, prevention, and treatment. Of the 231 SBHCs in California, 42% provide preventive dental services and 23% provide treatment services. However, SBHCs are only in 2% of all California schools - many more resources are needed to make sure oral health services are accessible to children and youth in schools.

A 2012 survey confirmed that many SBHCs see students who need, but are not getting, oral health care. Eighty-four percent of respondents indicated that the need for preventive dental services among school-aged children in their community had reached crisis proportions (with over 50% of school-aged children not getting preventive care). Similarly, 68% of respondents indicated that the need for restorative dental services among the same population was also critical (with over 50% of school-aged children not getting restorative care).

Further, as indicated by a [recent audit of California's Medicaid Dental Program](#), known as Denti-Cal, less than half of children enrolled received dental services. We, and many others, were disappointed that the Governor's proposed budget does not restore funding to the evidence-based California Children's Dental Disease Prevention Program (CCDDPP), the state's school-based sealant program that was defunded in 2009. Restoring CCDDPP could help address several of the audit recommendations, including:

- Improving how we track children accessing care and providers participating in Denti-Cal;
- Fixing gaps in access to care and provider participation in Denti-Cal;
- Monitoring when families cannot access Denti-Cal and updating participating provider roles;
- Increasing referrals to Denti-Cal providers by screening families receiving benefits;
- Identifying barriers to access to care for families;
- Encouraging providers to participate in Denti-Cal;
- Ensuring students have access to dentists and seek follow-up care when oral health issues are identified at school.

These are goals that CCDDPP could support in partnership with Denti-Cal. Investing in CCDDPP would re-establish a system of care that ensures children access preventive services where they are – at schools – while also improving how Denti-Cal is run.

As we work to ensure CHIP is reauthorized, let's make sure we also support preventive health programs in California schools that keep kids healthy and ready to learn.

Virginia Oral Health Coalition



[Donate](#) | [Join Email List](#)



Search



[HOME](#)

[WHO WE ARE](#)

[WHAT WE DO](#)

[ORAL HEALTH IN VIRGINIA](#)

[RESOURCES](#)

Blog

PUBLISHED ON MONDAY, MARCH 16, 2015

Kids' Coverage Matters

Did you know over 100,000 children in Virginia are eligible but not enrolled in Medicaid or Family Access to Medical Insurance Security (FAMIS)? FAMIS provides affordable health, dental and mental health coverage to children and pregnant women living in families who earn too much to qualify for Medicaid but too little to afford private insurance.

FAMIS already serves as an oral health safety net for more than 104,000 children and 4,600 pregnant women in Virginia by providing affordable, comprehensive dental care. Covered services include teeth cleanings, check-ups, x-rays and fillings. Considering dental disease is the most common childhood disease in the Commonwealth, and the fact that periodontal disease can increase the risk of preterm birth, routine dental care is critical to maintain overall health in our infants, youth and expectant mothers.

Federal funding for the FAMIS program (known as the Children's Health Insurance Program or "CHIP" in Washington) is set to expire on September 30, 2015. If nothing is done in Congress to extend funding, the hundreds of thousands of Virginia children eligible for coverage will lose access to affordable health care. Members of Congress are working to keep the program stable and funded through 2019; however, debates remain regarding how long to fund the program, how much money to give states and how to ensure comparable coverage exists when the program ends.

Right now, you can make a difference for low-income children and pregnant women who stand to benefit from FAMIS by telling families to visit [Cover Virginia](#) for enrollment information or by [contacting Virginia's members of Congress](#) to support an extension of CHIP funding. For information about other dental care options for un- or underinsured Virginians, visit our [Find a Provider webpage](#). For free oral health educational materials, visit the [Think Teeth webpage](#).

Rate this article: No rating ★★★★★

Comments (0) Number of views (34)

AUTHOR: SAMANTHA DORR

CATEGORIES: HOME PAGE NEWS, BLOG, LEGISLATIVE UPDATE

TAGS:

[Like](#) [0](#) [Tweet](#) [0](#) [g+](#) [0](#) [Share](#) [0](#) [Share](#)



Samantha Dorr

Samantha Dorr is the Coalition's communications and operations manager. Other posts by [Samantha Dorr](#)

Contact author

Full biography

Please [login](#) or [register](#) to post comments.



[Sign up for our newsletter](#)

[View our newsletter archives](#)

Categories

Home Page News	21
Blog	3
Press Release	6
Legislative Update	11
Accomplishment	5
Learning Opportunity	5

Altarum Institute

Food For Thought: Think Teeth

Tuesday, March 17, 2015

[Dan Armijo](#)

[Allison Rariden](#)

This blog is designed to time with Blog Carnival week hosted by The Children's Dental Health Project, March 16-20. For more info, visit cdhp.org or [@Teeth_Matter](#)



Being a parent or caregiver can be a difficult task, especially when it comes to ensuring your children are healthy, equipped for learning, and achieving their potential. When it comes to taking care of our bodies, oral health isn't often the first thing that comes to mind. Yet more than 90% of all systemic diseases have early manifestations in the oral cavity.¹ Tooth decay that occurs early in life, when left untreated, leads to damage to the permanent teeth, resulting in higher dental costs in adulthood.² The cost of treating just one decayed permanent molar in an individual across their lifespan can be between \$2,187 and \$6,105.^{3,4} Maintaining oral health is one of the most important things parents and caregivers can do—not only for themselves but for their children. Instilling good oral habits in children at a young age is critical to their overall health and well-being, and it's crucial that parents and caregivers are knowledgeable about how to care for their children's teeth.

Tooth decay is the most common chronic disease of early childhood—five times more common than asthma.⁵ Approximately 37% of children ages 2 to 8 years have experienced dental caries, with 14% left untreated. The disparities tend to worsen as children get older, with approximately 50% of children ages 12 to 15 and 67% of children ages 16 to 19 experiencing dental decay.⁶ Poor dental health has significant adverse effects on a child's physical and social development. It can impair their ability to eat and speak, often resulting in pain, embarrassment, and reduced self-esteem, among other long-term consequences.⁷ Increasing awareness of the availability of dental coverage and the importance of the age one dental visit, as recommended by the American Academy of Pediatric Dentistry, is a great starting point for educating parents and caregivers.⁸

Coverage Is Available

Getting low-income children enrolled in dental coverage continues to be a challenge across the nation. Currently, there are approximately 3.7 million children who are eligible for but not enrolled in Medicaid or the Children's Health Insurance Program, insurance plans that include dental coverage.⁹ Fortunately, for children living in Michigan, the Michigan Department of Community Health, in partnership with Delta Dental of Michigan, have been working to address this specific issue for several years by implementing a unique initiative called the Healthy Kids Dental program, created 15 years ago and incrementally implemented in counties throughout the state. Through the Healthy Kids Dental model, dental providers are reimbursed at significantly higher rates than traditional Medicaid, increasing provider participation in Medicaid and resulting in greater access to and utilization of dental care for children in Michigan. Currently, Healthy Kids Dental is providing essential dental care to 550,000 children in 80 of

Michigan's 83 counties. The program may expand within the next year, pending legislative approval, to provide dental coverage to eligible children up to 8 years of age in the remaining three counties (Kent, Oakland, and Wayne). Although the expansion would provide coverage for only a portion of children in those areas, it would mean dental coverage to an additional 210,000 children in Michigan, primarily targeting the state's youngest children, representing the most critical population.¹⁰

Educating Families

To help parents and caregivers understand the importance of caring for their children's teeth and enrolling them in dental coverage, the Centers for Medicare & Medicaid Services have created "Think Teeth" handouts that are available for [free](#). These handouts can be distributed to families by community organizations and are customizable to further indicate organizational support.

While educating caregivers is one step to changing family oral health behaviors, there is a role for the community to reiterate these common messages to families and create a supportive environment for sustaining behavior change. By encouraging the practice of appropriate oral health behaviors through school communications, youth programs, and community-based events, communities can have a major impact on awareness. Schools and early childhood programs are explicitly affected by dental issues, as approximately 51 million hours of school are missed each year due to dental-related issues.¹¹ Predictably, when children are no longer experiencing dental-related pain, learning improves.¹² Thus, it is important for educators to consistently promote proper oral hygiene and have a basic understanding of the signs and symptoms of dental-related issues among children, as they are sometimes unable to verbalize their dental pain.¹³

Additionally, schools can serve as a great outreach channel for connecting families to appropriate community resources. The "Think Teeth" materials can be utilized by schools and early childhood programs to educate families, and the consistent oral health promotional messaging can be integrated into their school's social media, website, and newsletter communications. There are also many talented organizations leading the effort to improve family oral health behaviors, developing a creative spectrum of resources for families and schools, including the [BRUSH! Curriculum's](#) classroom lessons for children from birth through age 5, "Sesame Street" [Healthy Teeth, Healthy Me](#) videos, [Mouth Healthy Kids'](#) online games for children, and the [Ad Council's](#) parent-focused commercials.

To support a common message to children and families, engaging alternative channels of communication, such as afterschool programs, school nutrition programs, and community-based activities and events, can be beneficial to reinforcing and supporting the appropriate behaviors and positive attitudes about oral health. Oral health is integral to systemic health, and the best way to ensure children have a foundation of good health to grow from begins with prevention.

Michigan Caries Prevention Program

In an effort to address the burden of children's dental disease in Michigan, Altarum Institute, in partnership with Delta Dental of Michigan, University of Michigan School of Dentistry, and the Michigan Department of Community Health, is developing a statewide initiative called the Michigan Caries Prevention Program. The initiative is a multipronged approach that engages providers, schools, and early childhood programs to educate children and families about the importance of oral health, and promotes dental coverage options across the state through the project's partners. The program's website, [MITeeth.org](#), launched in February, during National Children's Dental Health Month. The website provides additional information on the state of oral health in Michigan and a review of the strategies that

the Michigan Caries Prevention Program has planned in order to transform the current system of children's oral health.

Bottom line: It is important to “think teeth”—promote oral health, assist families in obtaining dental coverage for their children, and encourage children to learn proper oral hygiene skills early in life to ensure a caries free adulthood.

CMS Disclaimer: This project described was supported by Grant Number 1C1CMS331321 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies.

References

1. Academy of General Dentistry. (2012). *Importance of oral health to overall health*. Retrieved from <http://www.knowyourteeth.com/print/printpreview.asp?content=article&abc=i&iid=320&aid=1289>.
2. Michigan Department of Community Health, Oral Health Program. (2010, March). *Michigan oral health plan*. Retrieved from http://www.michigan.gov/documents/mdch/Michigan_State_Oral_Health_Plan_FINAL_2_326169_7.pdf.
3. Delta Dental Data & Analysis Center. (2004). *Estimating lifetime costs of a cavity*. Retrieved from <https://www.cdhp.org/resources/298-lifetime-costs-of-a-cavity-by-delta-dental>.
4. Delta Dental of California. (2012, January–June). Data of commercially insured patients. Retrieved from <http://www.ilikemyteeth.org/wp-content/uploads/2013/06/Infographic-on-Fluoridation-June-2013.pdf>.
5. Pew Charitable Trusts. (2012, February). *A costly dental destination*. Retrieved from <http://www.pewtrusts.org/~media/Assets/2012/01/16/A-Costly-Dental-Destination.pdf>.
6. Dye, B.A., Thornton-Evans, G., Li, X., Iafolla, T.J. (2015). Dental caries and sealant prevalence in children and adolescents in the United States, 2011-2012. NCHS data brief, no 191. Hyattsville, MD: National Center for Health Statistics.
7. Jurgensen, N., & Petersen, P. (2009). Oral health and the impact of sociobehavioural factors in a cross sectional survey of 12-year-old school children in Laos. *BMC Oral Health*, 9, 29.
8. American Academy of Pediatric Dentistry. (2014). *Fast facts*. Retrieved from <http://www.aapd.org/assets/1/7/FastFacts.pdf>.
9. Harrington, M., Kenney, G. M., Smith, K., Clemans-Cope, L., Trenholm, C., Hill, I., Anderson, N. (2014, August 1). CHIPRA mandated evaluation of the Children's Health Insurance Program: Final findings. Ann Arbor, MI: Mathematica Policy Research.
10. Czelada, L. (2015, February 27). Healthy Kids Dental, now for all Michigan kids. *The Detroit News*. Retrieved from <http://www.detroitnews.com/story/opinion/2015/02/27/czelada-michigan-healthy-kids-dental/24077017/>.
11. Gift, H. C. (1997). Oral health outcomes research: Challenges and opportunities. In G. D. Slade (Ed.), *Measuring oral health and quality of life* (pp. 25–46). Chapel Hill, NC: Department of Dental Ecology, University of North Carolina.
12. Reisine, S. T. (1985). Dental health and public policy: The social impact of dental disease. *American Journal of Public Health*, 75(1), 27–30.
13. Ramage, S. (2000). The impact of dental disease on school performance: The view of the school nurse. *Journal of the Southeastern Society of Pediatric Dentistry*, 6(2), 26.

Wisconsin Oral Health Coalition



March 2015

Special Edition

The Wisconsin Oral Health Coalition (WOHC) is pleased to support Children's Dental Health Project's (CDHP) "Think Teeth" Blog Carnival.

The blog carnival will take place from March 16-20, promoting the necessity of CHIP enrollment and the Centers for Medicare and Medicaid Services' (CMS) free oral health materials.

The redesigned CMS Think Teeth page makes it easy to order free posters, flyers and tear sheets (English and Spanish) with good oral health tips for:

- Pregnant women
- Parents or caregivers of children ages 0-3
- Parents or caregivers of children of all ages

[Click here](#) to learn more about the CDHP "Think Teeth" Blog Carnival.

SPECIAL EDITION



Oral health matters for pregnant women

During pregnancy, women have many things to think about, but it is also important for them to "think teeth." The health of a woman's teeth is actually linked to the health of her child. The Centers for Medicare & Medicaid Services (CMS) has an excellent, [free-to-order flyer](#) that can be used by dental clinics, community health centers, WIC clinics and other settings to educate women about protecting their teeth and gums.

Education is crucial because [four out of 10](#) pregnant women have tooth decay or some form of gum disease. That decay and disease can impact her child. Some studies have found an [association](#) between periodontal (gum) disease and pre-term or low-birth weight babies. In addition, women with poor dental health have the potential to transmit cavity-causing bacteria to their children. Doing so raises kids' risk of tooth decay.

Dental health for pregnant women is important, yet often overlooked. Some women mistakenly believe they should not receive dental care during pregnancy. Dentists may also believe that patient care should be delayed during pregnancy. In a [survey](#) of obstetricians and gynecologists, 77% said their patients had reported being declined dental services due to pregnancy.

However, this goes against strong evidence that dental care is safe - and recommended - during pregnancy. In 2013, the American Congress of Obstetricians and Gynecologists [issued recommendations](#) that "women should be counseled about the maintenance of good oral health as well as the safety and importance of oral health care during pregnancy."

Pregnant women in [Wisconsin](#) are eligible for free dental coverage through Medicaid or the Children's Health Insurance Program (CHIP). Children enrolled in Medicaid/CHIP are covered for dental services.

The [CMS flyer](#) mentioned earlier can be ordered in large quantities for free. It offers tips for pregnant women's dental care, and it encourages them to see if they are eligible for Medicaid enrollment. Share the handout today to help educate pregnant women about oral health.

Kentucky Oral Health Coalition

Let's Connect Kids to Coverage

Posted on March 17, 2015, in [Blog](#)



Right now, an estimated 3.7 million children in our country are [eligible but not enrolled](#) in Medicaid or the Children's Health Insurance Program (CHIP) coverage—which include dental care. Their parents or caregivers may not know how to enroll or even realize that their children are eligible. Let's do our part to reach these families and help connect children to coverage.

CHIP and Medicaid provide access to oral health care for millions of children in the United States, [covering](#) services such as teeth cleanings, check-ups, x-rays, and fluoride treatments. By informing caregivers about Medicaid and CHIP, we can help ensure that kids have ongoing access to these services.

Eligibility depends on income, family size, and the rules in each state. In almost every state, children in families with incomes up to 200 percent of the federal poverty level (\$47,700 per year for a family of four) are covered. In Kentucky, a family of four is eligible for Medicaid if their income is [less than \\$32,499](#) per year.

Families can visit [this web page](#) to find out if their children are eligible for Medicaid or CHIP. Parents and caregivers can apply online, by phone, by mail or in person. If children are eligible for Medicaid or CHIP, there's no need to wait for an "open enrollment" period; they can enroll now. Visit [InsureKidsNow](#) to learn more about Medicaid, CHIP, and the Connecting Kids to Coverage national campaign.

Another way you can help is to ensure these vital programs remain in the future. expires on September 30, 2015. Without federal action in the next few months, state CHIP programs will need to start changing eligibility rules, leaving many children without coverage. Currently, 84,069 children in Kentucky count on CHIP for their medical and dental coverage. Two bills before Congress this session would extend CHIP funding: (1) the [PRO-CHIP bill](#) introduced by Democrats in the House and Senate and (2) a [discussion draft](#) of a bill released by Senate and House Republicans. The Kentucky Oral Health Coalition urges you to contact your Kentucky Congressional members to support extending federal funding of the CHIP program through 2019.

Ways to act:

1. [Sign the Kentucky Oral Health Coalition's letter of support to extend CHIP funding.](#)
2. Contact your Kentucky Congressional members and urge them to support federal extensions for CHIP.

- [Senator Mitch McConnell](#)
- [Senator Rand Paul](#)
- [Representative Ed Whitfield](#)
- [Representative Brett Guthrie](#)
- [Representative John Yarmuth](#)
- [Representative Thomas Massie](#)
- [Representative Harold Rogers](#)
- [Representative Andy Barr](#)

The Children's Partnership

Children Enrolled In Covered California And Medi-Cal Have Dental Coverage

March 18, 2015

By [Jenny Kattlove](#)

For the very first time, pediatric dental coverage is included in all health plans offered through Covered California—California's Health Benefit Exchange. This is very good news for California families and one that [TCP focused on achieving last year](#). And all children enrolled in Medi-Cal also have dental coverage. Now that more than half of all children in California are enrolled in either Medi-Cal or a Covered California health plan and because many children may have dental coverage through their parents' employer-based coverage, most children in California have coverage for dental care.

However, many families may not realize that their children have dental coverage or how to access dental care. To help families navigate their children's dental coverage in Covered California and Medi-Cal, The Children's Partnership created [fact sheets](#), available in both English and Spanish. There are three fact sheets to address the differences in Medi-Cal dental coverage in Los Angeles County, Sacramento County, and the rest of the state. And, to our partners and friends, we encourage you to share with anyone in your network who works with families.

Share the below social media images with this message:

Kids in Medi-Cal and Covered CA health plans have dental coverage. Spread the word with [@KidsPartnership](#) fact sheets: <http://bit.ly/1AadOLt>.





[Unintentional Poisoning is Top Cause of Injury-Related Deaths](#)

3 Reasons Why Latina Moms Should 'Think Teeth'

When we think about prenatal care the first thing that comes to mind might not be teeth. However, Latina moms must be aware that the health of a woman's teeth is actually linked to the health of her child.

Nearly 59% of women do not receive counseling about oral health during pregnancy and many mistakenly believe they should not seek dental care during pregnancy.

In one [study](#), Latina women were significantly less likely than black or white women to receive dental care during pregnancy. Latina women were also less likely to have their teeth cleaned during pregnancy than white women (25% vs. 44%).



(Photo source: Mouth Healthy, ADA, <http://goo.gl/WkSchH>)

According to the [Children's Dental Health Project](#), 4 in 10 pregnant women have tooth decay or gum disease, which puts their children at a higher risk for poor oral health. Some studies have found an association between gum disease and pre-term or low-birth weight babies.

While accessing high quality dental care providers can be a challenge for some Latinos, here are three reasons that Latina moms should make every effort to seek dental health care for themselves and their children.

- **Maintaining good oral health keeps mom and baby healthy.** Brushing & flossing daily, using a fluoride toothpaste and [consuming a healthy diet](#) can greatly reduce the chances of tooth decay. Also, regular visits to the dentist and teeth cleanings during pregnancy can also improve oral health for moms to be.
- **Pregnancy is a key moment to form good habits.** Latina moms with good oral health habits are more likely to pass on the same behaviors to their children.
- **Pregnant women in some states are eligible for free dental coverage.** Through Medicaid or the Children's Health Insurance Program (CHIP), children enrolled in Medicaid/CHIP are covered for dental services. In some states women of low-income may also qualify for free or reduced cost services.

The Centers for Medicare & Medicaid Services (CMS) has excellent, free-to-order flyers which can be used to promote good oral health among pregnant women. Access these resources and more by visiting the links below:

[Free 'Think Teeth' Educational Materials](#)
[Resources on Oral Health & Pregnant Women](#) (via the Children's Dental Health Project).

USER LOGIN

- [Register](#)
- [Log in](#)
- [Entries RSS](#)
- [Comments RSS](#)
- [WordPress.org](#)

WOULD YOU LIKE TO RECEIVE OUR BLOG POSTS BY EMAIL?

Enter your email address:

Subscribe

Delivered by [FeedBurner](#)

TWEETS

Tweets

[Follow](#)

SaludToday
 @SaludToday

6m

3 Reasons Why Latina Moms Should
[#ThinkTeeth](#) [ow.ly/KdJnw](#) w/[@Teeth_Matter](#)
[#latism](#) [pic.twitter.com/1G7JHRg7yV](#)



Tweet to @SaludToday

FROM OUR FACEBOOK PAGE

Recent Activity

SaludToday Blog » [Dangerous Use of Growth Hormone Surges Among U.S. Teens,](#)

DentaQuest

Think Teeth: Kids' dental health improving, but there is still work to be done

By Ralph Fuccillo, President, DentaQuest Foundation

Thursday, March 19, 2015

A recent [CDC report](#) revealed promising news - early childhood caries in preschool-aged children is at its lowest rate in 25 years. Preventing oral disease at an early age leads to a lifetime of healthy smiles, and this achievement is one that should be celebrated. However, tooth decay is the still most common chronic disease of early childhood — 5 times more common than asthma. Half of all kids experience tooth decay before age 12.

At the DentaQuest Foundation, as a part of our Oral Health 2020 goals, we're working with a growing network of partners to ensure that 75 percent of children reach age five without experiencing tooth decay. Although we have made great strides in reaching this goal, there is still much to be done.

We all want the best for our children, but oral health doesn't always get the attention some other health issues do. That's why it's especially striking to look at the research that points out how tooth decay can have long term impact on children's lives. For example, children with poor oral health were nearly three times more likely to miss school, according to a [study](#) from the North Carolina Health Assessment and Monitoring Program. Children who reported recent toothaches were four times more likely to earn a lower grade-point average than peers reporting no dental pain.

Luckily, the most common chronic childhood disease is also almost completely preventable. We have identified many cost-effective, simple ways to reduce tooth decay. The cost of applying a decay-preventing dental sealant to a child's permanent tooth is much less than the cost of filling a cavity, and ongoing maintenance of that restoration. To provide another example, would you believe that every \$1 spent on water fluoridation saves \$38 in dental costs? By providing early, preventive care, we can improve overall health and save costs for the long-term.

In addition to making dental care more cost-effective overall, programs such as Children's Health Insurance Program (CHIP) have made care more affordable for individuals. CHIP has been a critical source when it comes to providing dental coverage for children whose families earn too much to qualify for Medicaid but too little to purchase private insurance. CHIP and Medicaid are already an oral health safety net for millions of children, covering services such as teeth cleanings, check-ups, x-rays and fluoride treatments.

Although CHIP currently ensures care for eight million children across the country, affordability will become a concern in the near future unless Congress chooses to extend CHIP funding before it expires in September. However, creating affordable care is only half the battle. An estimated 3.7 million children are eligible but not enrolled in Medicaid or CHIP, resulting in even more children who could miss out on preventive care merely because they are unaware of the benefits available to them.

Our duty to the next generation and their families is two-fold: to provide education on preventive oral health care and the benefits available to them, and to ensure that their preventive care stays affordable and accessible. If we can do this, our goals of improving the oral health of all are well within reach. However, if we do not follow through on both of these promises, it's likely that much of our progress will be lost.

We can work together to make changes. [These free materials](#) have been developed so you can help families make good oral health habits, and provide tips for pregnant women, parents and caregivers. There are also resources, in both English and Spanish, to spread the word on social media.

Join us and others in this movement by visiting www.dentaquestfoundation.org to learn more. Share your

stories and show your support for this movement by connecting with Oral Health 2020 on Twitter and Facebook.

Oral Health America

THINK TEETH WITH DENTAL SEALANTS



Tooth decay is the most common chronic childhood disease in America, with more than 51 million school hours lost each year to dental-related illness. According to the National Institute of Dental and Craniofacial Research, 42% of American children ages 2-11 have tooth decay. In addition, 23% of children ages 2-11 have untreated dental caries. Many of these caries could be prevented through the use of dental sealants, which cover the chewing surfaces of back teeth with a thin plastic coating to protect them from decay.

The process of applying dental sealants is quick and painless. Once a tooth is cleaned, an etching gel is applied to the grooves of the tooth for about a minute to prepare the tooth to bond with the sealant. Once the gel is rinsed off and the tooth is dried, the sealant is painted on. A light might be used at this point to help harden the sealant. Within a minute the sealant provides a protective coating for the tooth. Sealants last 5-10 years and prevent painful tooth decay and its complications, including difficulty sleeping, eating and concentrating in school. Treating tooth decay after the fact is always more expensive and more painful than preventing it in the first place, which is another reason why sealants are so important.

Dental sealants in school-based settings are considered a best practice for preventing tooth decay in children, but according to the CDC only one-third of children ages 6-19 have them. OHA's Smiles Across America® (SAA) program focuses on bringing sealants to the country's most vulnerable children, currently reaching more than 460,000 children in school-based and school-linked settings each year with preventative dental care.

SAA also works on increasing access to dental care for children—more than 20 million children do not have dental insurance and an estimated 17 million children go without dental care each year. According to the Children's Dental Health Project, 3.7 million children are eligible for Medicaid/CHIP dental coverage but are not enrolled. Medicaid and CHIP provide coverage for sealants and other important preventative care including regular dental check-ups, cleanings, x-rays and fluoride treatments. Families who are unsure whether they qualify for Medicaid or CHIP can visit www.insurekidsnow.gov or call 877-KIDS-NOW for information about requirements in their state.

Centers for Medicare and Medicaid Services



Today the Connecting Kids to Coverage National Campaign joins many of our partners who have participated in a week-long [blog carnival](#), hosted by the Children's Dental Health Project, to raise awareness of the dental benefits available through Medicaid and CHIP. More eligible children than ever before have health coverage through Medicaid and CHIP, and as a result, also have access to dental care. We acknowledge the efforts of state Medicaid and CHIP agencies, health care providers, schools, community organizations and many others whose hard work has contributed to this progress. Thank you!

A Message from Vikki Wachino, Acting Director, Center for Medicaid and CHIP Services:

THINK TEETH!

At the Center for Medicaid and CHIP Services, we've learned that a great way to boost the enrollment of eligible children in Medicaid and CHIP is to let their families know that these programs provide essential dental benefits. While check-ups, teeth cleanings, fluoride treatments, dental sealants and fillings might not sound like fun to kids, they really matter to parents who are doing everything they can to make sure their children get healthy and stay healthy.

In a [national survey](#) of 1,900 parents with eligible children, 68 percent said that Medicaid and CHIP dental benefits are a top factor motivating them to enroll. This finding motivated us to develop the **Think Teeth** initiative, a vibrant part of our national Connecting Kids to Coverage outreach and enrollment campaign.

Think Teeth features posters and flyers that focus on the importance of good oral health care for pregnant women, for babies and toddlers, and for school-aged children and teens. Each piece includes that all-important enrollment message, directing families to more information about Medicaid and CHIP and how to enroll. Once their children are enrolled, our online [Dentist Locator Tool](#) can help families find a near-by dentist who cares for Medicaid and CHIP patients. We're also working to help families with children who have special health care needs. Our latest educational [fact sheet](#) is designed to help such families, whose children may face particular challenges keeping their teeth healthy and may need a dentist who has special training and experience.

The **Think Teeth** posters and flyers can be ordered free of charge. And we're happy to [customize](#) the materials with your organization's name, logo and contact information (you take care of the printing). Check out [InsureKidsNow.gov](#) to find all these materials, ordering instructions and more.

As we work to see that every child has access to health coverage and the health care they need, we know that good oral health is critical. That's why we **Think Teeth**. We encourage all Connecting Kids to Coverage partners to join us!

Thanks for all your efforts to make sure America's children are healthy children!

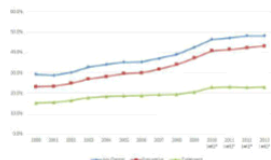
- Vikki Wachino

Did You Know?

More Children with Medicaid Coverage Are Getting Dental Care

Steady Progress in Access to Dental Care

Changes in the Percentage of Children Ages 1-20 Covered by Medicaid and Receiving Dental Services, FY 2000-2013, National Averages



Want to learn more about oral health care and successful Connecting Kids to Coverage outreach strategies? [View](#) our **Think Teeth** webinar.

3 Ways to Stay Connected With the National Campaign

- [Share](#) our materials widely. We have an ever-growing range of excellent resources available to use in outreach and enrollment efforts.
- Contact us to get more involved with the National Campaign at InsureKidsNow@fleishman.com or 1-855-313-KIDS (5437).
- Follow the Campaign on [Twitter](#). Don't forget to re-tweet or share our messages with your network or use our #Enroll365 hashtag in your posts.

The Connecting Kids to Coverage National Campaign Notes eNewsletter is distributed throughout the year and provides updates on National Campaign activities. If a friend or colleague forwarded this email to you, [sign up](#) to receive this eNewsletter directly to your inbox.

Connecticut Health Foundation

Coverage for HUSKY Parents Supports Oral Health Access for Two Generations



Log In

MARCH 20, 2015

Today's post was written by Elizabeth Krause, vice president of Policy and Communications

COVERAGE FOR HUSKY PARENTS SUPPORTS ORAL HEALTH ACCESS FOR TWO GENERATIONS

Children cannot coordinate their own dental care.

As a mom who was just at the pediatric dentist's office with my kids the other day, I could have told you that. The role of parents in coordinating children's dental care is a key point that will be made in an infographic, "The Impact of Family on Children's on Dental Health" that will be released next week by CT Health and Connecticut Voices for Children.

But, there are policy and delivery systems implications to this truism. If children are dependent on their caregivers to coordinate dental care, families are helped by systems and policies that support good oral health.

Governor Malloy's biennial budget proposal would eliminate HUSKY (Medicaid) eligibility for parents of children on HUSKY whose incomes fall between 138-201% of the Federal poverty level (FPL) and pregnant women with incomes between 138-263% FPL. The proposal suggests these parents will purchase commercial insurance with subsidies via Access Health CT. The range of consequences of such a change are detailed in CT Health's new policy brief, ["How Proposed HUSKY Cuts Will Harm Low-Income Families,"](#) but let's continue to think teeth.

Harm of Moving HUSKY Parents to Access Health CT:

- 34,000 parents will lose HUSKY dental benefits
- Parents who purchase commercial health insurance (our publication projects that only a fraction will) would need to purchase an optional standalone dental plan or pay for dental care out of pocket. Affording health insurance premiums and copays will be a strain on these families' budgets. We can reasonably assume many will forgo dental coverage and care.
- Child coverage tends to drop when parents become uninsured, even when child eligibility does not change. If the proposal is enacted, a group of children would be expected to lose HUSKY coverage, including dental benefits.
- The upcoming infographic will make the case that HUSKY children access preventive dental care at higher levels when their parents get preventive dental care. If parents do not get dental care as a result of this policy change, this is one more reason to expect children's dental utilization to tick downward.
- There is increasing understanding of the importance of dental care for pregnant women and their babies with much opportunity to increase the provision of dental care during pregnancy. The loss of HUSKY dental coverage and the financial barriers to obtaining it are especially concerning for pregnant women.

The emerging concept of a two generational approach to ensuring well-being for Connecticut residents is not hard to embrace, but policy and budget alignment is needed to make the philosophy a reality.

HUSKY coverage for low-income children and their parents recognizes that health care is a family affair.

Center for Health Care Strategies, Inc.

Improving Children's Oral Health Care Access in Medicaid: Opportunities for States

“Many states have made considerable progress in improving access to oral health care for low-income children.”

Tooth decay is the most common childhood disease — in fact, it is [five times](#) more common than asthma, and nearly one-quarter of all preschool-age children in the U.S. have [experienced](#) tooth decay. Dental health in children is vital, especially given the long-term and pervasive ways tooth decay can affect a child's life — for example, [missed school days](#) and [increased risk](#) for costly dental disease as adults, as well as systemic disease and reduced employability.

Even though oral health care is fully covered under Medicaid's [Early and Periodic Screening, Diagnostic, and Treatment](#) benefit, [less than half](#) of all Medicaid-enrolled children receive any dental service in a given year. Barriers to oral health care access include:

- A lack of oral health care provider participation in Medicaid;
- The reluctance of participating oral health care providers to treat young children due to providers' inexperience or child behavioral issues;
- Awareness gaps among Medicaid-enrolled families about available dental benefits and how to utilize them; and
- Transportation issues and difficulty scheduling/attending office appointments due to competing work schedules; and other barriers.

At the federal level, the Centers for Medicare & Medicaid Services (CMS) launched the [National Oral Health Initiative](#) in 2010 to support states in improving preventive dental service utilization among Medicaid-enrolled children. Since then, many states have undertaken efforts to increase access to preventive dental care for children in Medicaid. The following examples are drawn from participants in the Center for Health Care Strategies' seven-state [Medicaid Oral Health Learning Collaborative](#), funded by the DentaQuest Foundation.

1. Educating and Engaging Consumers

To help educate consumers on the importance of oral health care for children, states are using tools such as CMS' [Think Teeth](#) materials. Virginia's Medicaid agency includes these in toothbrush goodie bags distributed at various events and health fairs. Washington's [Access to Baby and Child Dentistry](#) (ABCD) program targets Medicaid-enrolled children under age six, with a goal of ensuring that they have access to dental care. ABCD offices distribute CMS' Think Teeth educational materials to Women, Infants and Children (WIC) offices, early childhood programs, and tribal clinics throughout the state.

2. Providing Information and Services in Non-Dental Settings

Medicaid beneficiaries may not be connected to a dentist's office or may be unaware of their dental benefits, so offering information and basic services in non-dental settings can be an effective strategy. Through [New Hampshire's WIC Pay-for-Performance program](#), women and young children receive preventive oral health services from a registered dental hygienist at three WIC locations, as well as referrals to Medicaid-participating dentists.

3. Using Data to Identify High-Risk Children

In Los Angeles County, California, children enrolled in Medicaid who have not been to a dentist in the past year are being identified for outreach and engagement. Through an examination of dental claims, the state and its contracted dental plans are compiling lists of children who are not utilizing dental services, and engaging pediatric primary care providers to refer those children to a dentist at their next well-child visit.

4. Enacting Policy Changes

Some states have implemented policy changes to increase access to and provision of oral health care. [Arizona's Medicaid program](#) amended policies to allow for the [application of fluoride varnish](#) by primary care providers, and to auto assign Medicaid beneficiaries up to 21 years of age to a dental home. Minnesota is currently working with stakeholders to introduce legislation increasing reimbursement rates for dental services and reducing administrative barriers to provider participation in the program.

5. Establishing 'Dental Homes' for Children

Dental home programs allow a Medicaid-eligible child to establish an early relationship with a dental provider. Texas is working on expanding its [First Dental Home](#) program, which offers a package of dental services – including caries risk assessment, dental prophylaxis, and application of fluoride varnish – targeted at improving the oral health of children from six to 35 months of age.

Looking Ahead

Many states have made [considerable progress](#) in improving access to oral health care for low-income children: from 2007 to 2011, almost half of all states achieved at least a 10 percentage point increase in the proportion of children enrolled in Medicaid and CHIP that received a preventive dental service. As states seek to capitalize on this momentum, they can look to [CMS' Oral Health Initiative](#) for technical assistance, training materials, oral health resources, and analytic tools to track improvements in utilization and outcomes. Through their ongoing efforts to improve health care quality and access for children in Medicaid, states must continue to keep in mind that *oral* health is integral to overall health and long-term wellbeing.

The Children's Dental Health Project

**Two key goals: Awareness and education
3/16/15**

The following guest blog post was written by Heidi Oliver, a Health Program Manager for [Utah's Medicaid agency](#). This article is part of a week-long blog carnival to recognize Medicaid and CHIP's importance as an oral health safety net for millions of children.

Last month, hundreds of children received [free dental care](#) at a "Give Kids a Smile" event at the University of Utah's dental clinic. We appreciate the dental professionals who volunteered their time for this, and we recognize that some of these children were seeing a dentist for the first time ever. It's likely that at least some of the kids are eligible for Medicaid or CHIP dental coverage but may not be enrolled.

Let's make sure families know that dental coverage is a basic part of Medicaid/CHIP.

We all can play roles in raising awareness among parents and caregivers whose children might be eligible. As a Health Program Manager for Utah's Medicaid agency I want to encourage parents (wherever they live) to find out if they are eligible to get dental coverage for their children and themselves. After all, there is a lot at stake for their children's health. Utah families might be shocked to know that tooth decay is the most common chronic disease of early childhood. Let's make sure families know that dental coverage is a basic part of Medicaid/CHIP.

Let's also encourage families to regularly seek preventive dental care. It can pay dividends to help parents recognize that they can take simple steps to help protect their children's teeth. The Centers for Medicare & Medicaid Services (CMS) has two handouts for parents that share helpful oral health tips. Both of CMS's [Think Teeth handouts](#) are available in English and Spanish, and they can be ordered in large quantities for free. They're great for distribution at medical or dental clinics, community health centers and other settings.

Utah Medicaid will be working with community partners as part of CMS' Oral Health Initiative to distribute a variety of materials dedicated to improving oral health for children enrolled in Medicaid or CHIP.

If your organization works with families or children, spread these materials to emphasize why it's important for parents to "think teeth."

Medicaid: Creating bright smiles and bright futures

3/19/15

This guest blog post was written by Justin M. Senior, Deputy Secretary for Medicaid in Florida's [Agency for Health Care Administration](#) (AHCA). We're pleased the agency is participating in this week's "blog carnival" in which various stakeholders discuss the oral health safety net that Medicaid and CHIP provide.

Forty years ago, President Lyndon B. Johnson pushed to expand the Medicaid program to focus on children's health. At the time, he was championing an idea that every parent knows today — when it comes to children's health, the early years are crucial.

We have made a lot of progress since then. More children are covered today than ever before, but that does not mean every child in America has the same chance at a healthy future. Children from low-income families are more likely to have problems affecting their behavioral development, vision, hearing, and oral health — all situations that can affect how children learn, play and grow. To combat these disadvantages, we must continue to find innovative ways to get these children the routine, preventative services they need to remain healthy.

According to the 2011-2012 National Health and Nutrition Examination Survey, approximately 23% of children aged 2-5 years and 60% of adolescents between 12 and 19 years had tooth decay. Problems like these are entirely preventable with proper diet, oral hygiene and access to dental care. Because getting a good healthy start in life is so important, in Florida we are taking steps to improve these outcomes for children enrolled in the Medicaid program.

Our priority is to make sure children are seen by trusted medical professionals early and often. As part of our State Oral Health Action Plan, AHCA has set a goal of increasing preventive dental service utilization for Medicaid recipients aged 1-20 by 10 percentage points by the end of this year. To help us reach this goal, we have teamed up with health plans participating in the Florida Medicaid program to develop Performance Improvement Projects (PIPs). These PIPs will assist in identifying barriers that are preventing children enrolled in their plan from receiving proper dental care. Once these barriers are identified, plans can develop and implement interventions aimed at removing the barriers.

The principle behind the State Oral Health Action Plan is simple: children need to get the right services at the right time and in the right settings. Otherwise, small problems can become large ones. With the information gained from the PIPs, our priority is to make sure children are seen by trusted medical professionals early and often. If these health care professionals find a problem, health plans cover the diagnosis and treatment services that are needed to correct or remediate the problem. Getting out in front of the issue can help save a child years of pain, distracted learning, and torment.

The best part of all of this? *We're already seeing results.* We saw improved dental access every year in Broward and Duval counties in a health plan pilot that ran from 2006 to 2013 as

measured by nationally-recognized Health Effectiveness Data and Information Set (HEDIS) scores. Now that the health plan model has been implemented statewide, we expect to see similar improvements on a larger scale, and that will help the children of Florida have bright smiles **and** bright futures.

Michigan's Focus: Coverage and Education

3/20/15

This guest blog post was written by Nick Lyon, Director of the [Michigan Department of Community Health](#). The Department is participating in this week's blog carnival to promote the oral health safety net that Medicaid and CHIP provide to children. The Centers for Medicare & Medicaid Services offer a variety of [handouts and posters](#) to help oral health advocates educate parents and pregnant women.

Michiganders recognize that quality dental care is important to the overall health and wellness of our children. We know that in order to build a stronger state, we need to start by focusing on building a healthier Michigan too. That includes thinking about our teeth, and our children's teeth as well!

Across the United States, tooth decay is the most common preventable chronic disease and when left untreated, can negatively affect a child's physical and social development, as well as his or her school performance. In Michigan, we have made a commitment to focusing on improving the oral health of our children. In particular, Governor Rick Snyder has consistently placed his support behind expanding Healthy Kids Dental, Michigan's dental benefit program for Medicaid beneficiaries under the age of 21.

Studies show children in Michigan with Healthy Kids Dental coverage are more likely to receive dental treatment than those with traditional Medicaid dental coverage. In fact, dental visits are 50 percent higher for children who are enrolled in Healthy Kids Dental.

Studies show children in Michigan with Healthy Kids Dental coverage are more likely to receive dental treatment than those with traditional Medicaid dental coverage.

Today, through Michigan's partnership with Delta Dental of Michigan, Healthy Kids Dental serves about 565,000 children in 80 of Michigan's 83 counties and our priority is ensuring that we reach all eligible children in the coming years. Through programs such as this, dental services such as X-rays, cleanings, fillings, root canals, tooth extractions and more are provided to Michigan youth. Further, studies show that children miss 51 million hours of school each year because of oral health issues. Increasing access to dental care services can help reduce this number and can produce healthier children who are more likely to be successful and productive in school.

Additionally, important work is being done at both the community and national level to expand oral health coverage and education.

- In our communities, groups such as the Michigan Oral Health Coalition focus on prevention and access to care to improve oral and overall health.
- Nationally, the federal Centers for Medicare and Medicaid Services have excellent [oral health materials](#) available for parents and pregnant women about the importance of good oral health for our children as well.

From encouraging pregnant women to include dental health in their prenatal care, to ensuring our children see a dentist early in life, the efforts of local, state, and federal partners are key in ensuring that children have a healthy start in life.

Whether as government agencies we focus on expanding oral health, or as parents and caregivers we do all that we can to ensure an early oral health care start for our children, we can reduce tooth decay. Michigan, together with our local and national partners, is committed to improving the oral and, in turn, overall health of our residents. Together, if we "Think Teeth" and start good oral health habits early, we can have a lasting effect on the overall health and success of our youth!

North Carolina Foundation for Advanced Health Programs

Kids' Oral Health: Parents Can Make a Difference

March 20, 2015

To ensure children's overall health, we'll have to start with the place where the most common chronic childhood disease lives: the mouth. Excellent, free-to-order [handouts](#) for parents can help them protect their children's oral health. The Centers for Medicare & Medicaid Services (CMS) have created two "Think Teeth" handouts for parents — one that focuses on oral health tips for young children and another with tips for kids of all ages.

Tooth decay is the most common chronic disease of early childhood — 5 times more common than asthma. Nearly one-quarter of preschool-age children have [experienced](#) tooth decay, and 50% of kids have had at least one cavity by the time they reach adolescence. Given these facts, the CMS handouts should come in handy for dental clinics, community health centers, and children's advocates.

Dental health in children is vital, especially when research points to long-term, pervasive ways tooth decay can impact a child's life. Children with poor oral health were nearly 3 times more likely to miss school, according to a North Carolina [study](#). Children who reported recent toothaches were 4 times [more likely](#) to earn a lower grade-point average than peers reporting no dental pain. Overall, tooth decay can negatively impact a child's physical and social development.

Luckily, the most common chronic childhood disease is also the most preventable. We have identified many cost-effective ways to reduce tooth decay. The [cost](#) of applying a decay-preventing dental sealant to a child's permanent teeth is much less than the cost of filling a cavity. In addition, for most cities, every \$1 spent on water fluoridation [saves \\$38](#) in dental costs.

Parents have a key role to play. If your organization works with families, share [these materials](#) to emphasize why it's important for parents to "think teeth." And check out the NC Oral Health Collaborative [website](#) to learn how partners from across the state are coming together to improve the oral health status of all North Carolinians.

Wyoming Department of Health: Kid Care CHIP



"Think Teeth"

Make the Most of Your Daily Brush and Floss

Parents have so much to think about when it comes to their children's health, and we encourage them to also "think teeth."

Tooth decay is the most common chronic disease of early childhood, and it's even more common than asthma. Nearly one-quarter of preschool-age kids have experienced tooth decay. But the good news is that parents can help significantly lower their children's risk of getting a cavity.

Your family knows the routine: brush your teeth 2 times a day, floss once a day and visit the dentist regularly.



Make the most of your daily regimen by following these simple steps.

Tooth brushing

- 2 times a day for 2 minutes
- Use an ADA recommended toothpaste
- Angle your brush at a 45° angle to the gums
- Gently move your brush in short strokes back and forth
- Brush all surfaces of the teeth
- Clean the insides of the teeth. Hold the toothbrush vertically and brush up and down.
- Brush the tongue-this removes bacteria from your mouth and freshens breath.

Flossing

- 1 time a day
- Use a foot and a half of floss, wind around middle fingers and hold floss tightly between thumb and forefingers.
- Curve the floss between the teeth
- Rub the floss, gently, up and down between the teeth.
- Floss between all of the teeth and behind the back teeth.

Regular dentist visits

- Dental care is covered by Kid Care CHIP
- Call your participating dentist today for an appointment.

[Find a Kid Care CHIP Dentist](#)

[Handout on taking care of the little ones' teeth-0 to 3-years-old](#)

[Handout on taking care of bigger kids' teeth](#)

[Children's Dental Health Project](#)

[American Dental Association](#)